

New Hampshire Department of Environmental Services
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1- Feb-2002

Registration for Underground Storage Tank Systems

Type of Registration	State Use Only
Instructions: Please type or print in ink all items except "signature" in Section VI. This form must be completed for each location containing underground storage tanks. If more than four (4) USTs are owned at this location, photocopy the following sheets, and staple additional sheets to this form. Also, provide a site plan and facility layout. (May be an accurate hand sketch).	ID Number: _____ Date Received: _____ ACTIVE TANKS INACTIVE TANKS

I. Ownership of Tank Systems	II. Location of Tank Systems
Owner Name _____	Facility Name _____
Mailing Address _____	Street Address (DO NOT USE POST OFFICE BOX) _____
City, State, Zip Code _____	City, State, Zip Code _____
Phone Number (include area code) _____ Extension _____	County _____

III. Type of Owner	IV. Type of Facility																		
<input type="checkbox"/> Federal Gov't. <input type="checkbox"/> Commercial <input type="checkbox"/> State Gov't. <input type="checkbox"/> Private <input type="checkbox"/> Local Gov't.	<table border="0"> <tr> <td>_____ Gas Station</td> <td>_____ Utilities</td> </tr> <tr> <td>_____ Local Government</td> <td>_____ Aircraft Owner</td> </tr> <tr> <td>_____ Contractor</td> <td>_____ Farm or Residential</td> </tr> <tr> <td>_____ Petroleum Distributor</td> <td>_____ Auto Dealership</td> </tr> <tr> <td>_____ State Government</td> <td>_____ Railroad</td> </tr> <tr> <td>_____ Trucking / Transportation</td> <td>_____ Industrial</td> </tr> <tr> <td>_____ Air Taxi</td> <td>_____ Commercial</td> </tr> <tr> <td>_____ Federal - Military</td> <td>_____ Other (Explain)</td> </tr> <tr> <td>_____ Federal - Non-Military</td> <td></td> </tr> </table>	_____ Gas Station	_____ Utilities	_____ Local Government	_____ Aircraft Owner	_____ Contractor	_____ Farm or Residential	_____ Petroleum Distributor	_____ Auto Dealership	_____ State Government	_____ Railroad	_____ Trucking / Transportation	_____ Industrial	_____ Air Taxi	_____ Commercial	_____ Federal - Military	_____ Other (Explain)	_____ Federal - Non-Military	
_____ Gas Station	_____ Utilities																		
_____ Local Government	_____ Aircraft Owner																		
_____ Contractor	_____ Farm or Residential																		
_____ Petroleum Distributor	_____ Auto Dealership																		
_____ State Government	_____ Railroad																		
_____ Trucking / Transportation	_____ Industrial																		
_____ Air Taxi	_____ Commercial																		
_____ Federal - Military	_____ Other (Explain)																		
_____ Federal - Non-Military																			

V. Contact Person in Charge of Tank Systems			
Name: _____	Job Title: _____	Address: _____	Phone Number: _____

VI. Certification		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.		
Print Name and Title of Owner: _____	Signature: _____	Date Signed: _____

VII. Description of Underground Storage Tanks (Complete For Each Tank At This Location)

List Compartment Tank System No. as 1a, 1b; 2a, 2b etc	Tank System No.	Tank System No.	Tank System No.	Tank System No.
1. Status of Tank System: <div> <div>Currently in Use</div> <div>Temporary Closed (less than 1" of substance stored)</div> <div>Permanently Closed (Removed or filled in place)</div> <div>Newly Installed</div> <div>Amended Information</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Date of Installation:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Compartment Tank: List Each Tank's Compartment (gallons) in Separate Column	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Estimated Total Capacity (gallons): (Identify tanks that are siphoned together)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Substance Stored: <div> <div>2HO - # 2 Heating Oil</div> <div>4HO - #4 Heating Oil</div> <div>6HO - #6 Heating Oil</div> <div>DSL - Diesel</div> <div>EMG - Emergency Generator Fuel</div> <div>EMP - Empty</div> <div>HAZ - Hazardous Substance</div> <div>GAS - Gasoline</div> <div>JET - Jet Fuel</div> <div>KER - Kerosene</div> <div>MOT - Motor Oil</div> <div>OTH - Other Substance</div> <div>UNK - Unknown Substance</div> <div>USE - Used / Waste Oil</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Tank Material: <div> <div>Double wall (DW) / Single wall (SW)</div> <div>Cathodically Protected Steel</div> <div>Composite</div> <div>Fiberglass</div> <div>Steel</div> <div>Jacketed</div> <div>Concrete</div> <div>Lined</div> <div>Unknown</div> <div>Other, Please Specify</div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Tank System No.	Tank System No.	Tank System No.	Tank System No.
7. Piping Material: Designate Primary (P) or Secondary (S) piping.				
Double wall (DW) / Single wall (SW)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cathodically Protected steel	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S
Flexible	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S
Fiberglass	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S
Copper	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S
Steel	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S
PVC	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S
HDPE	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S	<input type="text"/> P <input type="text"/> S
Other / Unknown, Please Specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Piping System:				
Suction (No Check Valve at Tank)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suction (Check Valve at Tank)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gravity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Siphon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line Leak Detector (manufacturer) Date installed:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Spill Buckets Installed (Date): Identify all Remote Fills				
10. Overfill Type:				
Ball Float	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Automatic Shut Off Valve	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Audible High Level Alarm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Inventory Monitoring is Being Done:				
	Yes	No	Yes	No
12. Release Detection:				
Automatic Tank Gauge (manufacturer)	<input type="text"/>			
Tank Interstitial Monitor (manufacturer)	<input type="text"/>			
Piping Interstitial Monitor (manufacturer)	<input type="text"/>			
Vapor Monitoring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Groundwater Monitoring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules (Env-Wm 1401.10).

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(a) Owners of underground storage facilities for oil shall maintain financial responsibility for costs associated with the cleanup of releases from systems, the implementation of corrective measures, and compensation for third party damages in the amount equal to or greater than \$1,000,000 per occurrence.

(b) The amount of financial responsibility required shall not limit an owner's or operator's liability for damages caused by a release.

(c) The requirement for financial responsibility may be satisfied if the owner of a facility is eligible for reimbursement of costs associated with cleanup of releases from systems, under RSA 146-D.

IX. Contractor Certification

OATH: I certify that the information concerning the installation provided in Section VII is true to the best of my belief and knowledge. I also confirm that I am certified by IFCI for installation / retrofitting UST systems regulated by Env-Wm 1401.

Installer: _____

Type or Print Name Signature Date

[illegible]